

## DISCLOSURE TO FAMILY MEMBERS & FRIENDS

Patient DOES NOT have to sign.

I have explained to the patient, \_\_\_\_\_ that disclosures may be made to family and friends related to the patient's health or as needed for payment of health care services. I have explained that COLONIAL ORTHOPAEDICS will only disclose information relevant to a patient's current treatment. The patient has agreed that we may disclose health information to the following (check all that apply).

In Person  
with Patient

By  
Telephone



Spouse's Name \_\_\_\_\_



Parent's Name \_\_\_\_\_



Sibling's Name \_\_\_\_\_



Spouse's Name \_\_\_\_\_

Name

Relationship



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

Although the patient was not available (or I could not discuss with the patient because of the patient's incapacity or an emergency circumstance), I felt that it was in the best interest of the patient to make a disclosure regarding the patient's health care status or payment for health care services to:

Name

Relationship

Date of Disclosure

Comments (Optional)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_